

# REPORT OF CLINICAL PRACTICUM FOR CALIFORNIA LICENSURE AS A

## AUDIOLOGIST

**INSTRUCTIONS:** Complete **both pages** of this form and send them to college or university for verification by current training program director. The training program director must mail the signed forms **directly to the Board**. Any corrections to this form must be stricken and initialed. **DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS FORM.**

Supervised Clinical Practicum - The applicant must submit evidence of completion, in conjunction with academic course requirements, in accordance with Section 1399.152.2 of Article 3 of Division 13.4 of Title 16 of the California Code of Regulations.

The requirements are two hundred seventy-five (275) clock hours of clinical experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992; and three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992.

For either a speech-language pathology or audiology major, twenty-five (25) hours of aural rehabilitation may be supervised by either a speech-language pathologist or audiologist as provided in subsection (d). Another twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as proved in subsection (a). Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Profession Code.

**\*NOTE:** Clock hours obtained in a California college or university January 1980 or thereafter must be under the supervision of a licensed audiologist.

Applicant's full name \_\_\_\_\_

Social Security Number \_\_\_\_\_

University or College \_\_\_\_\_

I certify that all Practicum information listed on the back of this form was completed according to all ASHA and State of California Practicum requirements.

\_\_\_\_\_  
Signature of Current Training Program Director (Blue Ink)

\_\_\_\_\_  
License Number or ASHA  
Certification Number

Date: \_\_\_\_\_

# CLINICAL PRACTICUM

(Audiology)

\_\_\_\_\_  
Signature of Training Program Director (Blue Ink)

\_\_\_\_\_  
Applicant's Full Name

## ADULTS

Supervisor's Full Name	Location where experience was obtained	Supervisor's CCC Area	Date of Experience Mo/Yr	Record hours under areas in which they were obtained			
				Selection and use of Amplification & Assistive Devices	Evaluation	Treatment	Related Disorders

**TOTALS:**

## CHILDREN


**TOTALS:**

## Speech-Language Pathology (for majors in audiology)

Supervisor's Full Name	Location where experience was obtained	Supervisor's CCC Area	Date of Experience Mo/Yr	Record hours under areas in which they were obtained			
				Evaluation/Screening		Treatment	
				Speech Disorders	Language Disorders	Speech Disorders	Language Disorders

**TOTALS:**